MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/518711

FILING DATE Winston Alvarado
Rational Stage Processing
Paralegal Specialist
(703) 305-8521

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/					51						
2		Ⓞ		/				52						
3		Ⓞ		/				53						
4		Ⓞ		/				54						
5		Ⓞ		/				55						
6		Ⓞ		/				56						
7		Ⓞ		/				57						
8		Ⓞ		/				58						
9		Ⓞ		/				59						
10		Ⓞ		Ⓞ				60						
11		Ⓞ		Ⓞ				61						
12		Ⓞ		/				62						
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49								99						
50								100						
TOTAL IND.	/	↓	/	↓		↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.	11	←	10	←		←		TOTAL DEP.		←		←		←
TOTAL CLAIMS	12		11					TOTAL CLAIMS						